

TTO COMPLIANCE CERTIFICATION STATEMENT

FORM 2

TTO Certification Statement for the operation located at

Alaskan Copper Works - 6th Avenue
3200 6th Avenue S.
Seattle, WA 98134

Permit No. 7238-02

Based on my inquiry of the person or persons directly responsible for managing compliance with the permit limitation or pretreatment standard for total toxic organics (TTO), I certify that to the best of my knowledge and belief, no dumping of concentrated toxic organics into the wastewaters has occurred since filing of the last discharge monitoring report. I further certify that this facility is implementing the toxic organic management plan submitted to the permitting (or control) authority.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that a qualified personnel properly gathers and evaluates the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge, complete and correct. I am aware of the information, including the

(PLEASE

what do
we need to
do with
these

OR 2 BELOW)

1. The toxic organic management plan for the facility is attached to the "90-Day Report" or is the same as that submitted as part of the permit application to King County.
NAME: <u>James Brown</u> SIGNATURE: <u>James Brown</u>
TITLE: <u>Operations Mgr.</u> DATE: <u>6/10/04</u>
Principal Executive/Authorized Agent (please circle one)

2. The toxic organic management plan for the facility is attached.
NAME: _____ SIGNATURE: _____
TITLE: _____ DATE: _____
Principal Executive/Authorized Agent (please circle one)

Please return this form to: King County Industrial Waste
130 Nickerson Street, Suite 200
Seattle, WA 98109-1658

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I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that a qualified personnel properly gathers and evaluates the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

(PLEASE COMPLETE SECTION 1 OR 2 BELOW)

1. The toxic organic management plan for the facility is the same as that submitted as part of the "90-Day Report" or subsequent correspondence with King County.

NAME: James Brown

SIGNATURE: James Brown

TITLE: Operations Mgr.

DATE: 6/10/04

Principal Executive/Authorized Agent
(please circle one)

2. The toxic organic management plan for the facility is attached.

NAME: _____ SIGNATURE: _____

TITLE: _____ DATE: _____

Principal Executive/Authorized Agent
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